

Dynamic Dollars to Mobilize Public Health Efforts

Preventive Health & Health Services Block Grant



“Public health is not simply the outcome of isolated efforts. Its mission is to ensure that organized approaches are mobilized when they are needed.”

Institute of Medicine, 1988



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

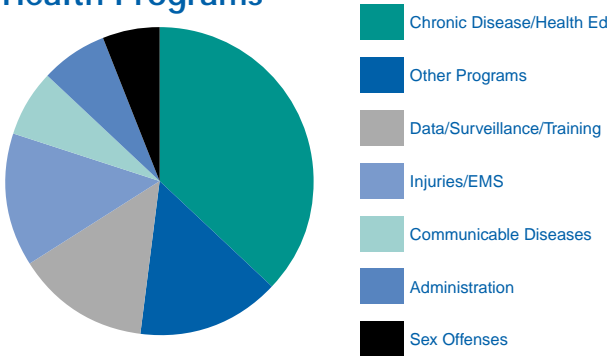


The Role of Block Grant Funding*

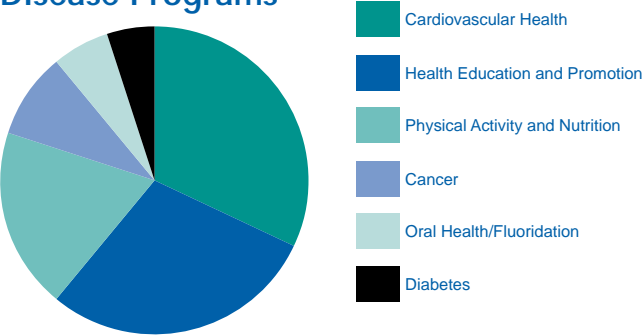
In 1981, Congress authorized the Preventive Health and Health Services Block Grant (PHHSBG). The PHHSBG gives its 61 grantees (50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories) the autonomy and flexibility to tailor prevention and health promotion programs to their particular needs. The value of flexible funding to address public health concerns has never been greater than it is as we enter the

21st century. Terrorist acts, anthrax scares, and a growing realization of the insidious nature of chronic diseases such as diabetes, arthritis, and cardiovascular disease have heightened Americans' awareness of the role of public health. There is an urgent need for funds that can be used when other funds do not exist or when they are inadequate to address the extent of a health problem.

PHHSBG Funding by Health Programs



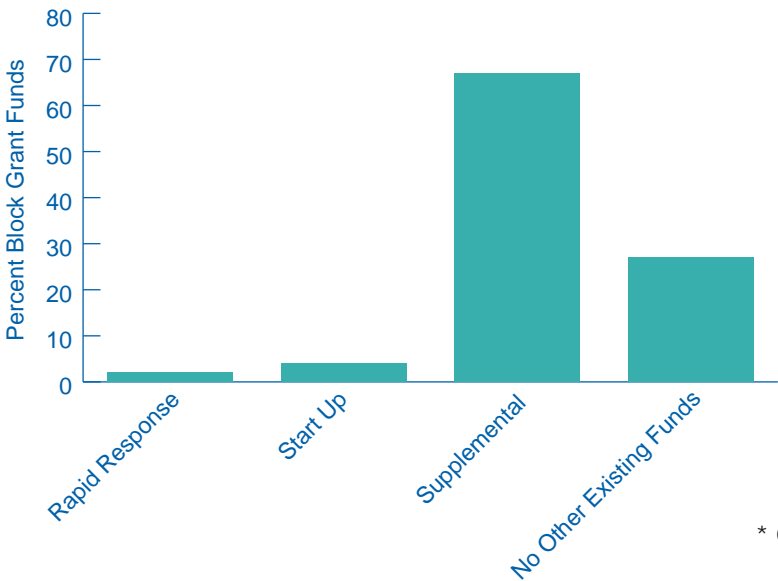
PHHSBG Funding by Chronic Disease Programs



Categorical funds are the major source of dollars that the Centers for Disease Control and Prevention (CDC) provides to public health agencies to address health problems such as immunization, tuberculosis, cancer, and cardiovascular disease. However, grantees do not have adequate funding to combat all of the leading causes of illness, disability, injury, and death in their states. An essential feature of PHHSBG funding is that it

can be used dynamically to address health problems as they arise. In fiscal year 2002, approximately 43% of PHHS block grant funds were distributed by the states to their local entities to address county and local public health needs. PHHSBG dollars complement categorical and state funding when needed or are used when no other source of dollars exists to address health concerns.

Role of Block Grant Dollars



* GARS data as of 7/16/2002

PHHS Block Grant Funds: Providing Vital Preventive Health Services

Incorporating the 10 Essential Services: A Vision for Public Health

Released in 1988 by the Institute of Medicine, *The Future of Public Health* (<http://www.nap.edu/books/0309038308/html/index.html>) identified both the core functions and 10 essential services required to address the mission of public health. Here are examples of how PHHSBG funds are addressing some of the 10 essential services:

Monitor health status

In Indiana, PHHSBG funds were used to support the School Physical Activity and Nutrition Survey to obtain baseline data on nutrition and physical activity habits of children.

In Illinois, PHHSBG funds are supporting a new program called HI TRACK to screen all newborns for congenital hearing loss before they leave the hospital.

Diagnose and investigate health problems and health hazards in the community

In Kansas, the Center for Health and Wellness in northeast Wichita used PHHSBG funds to provide 9,649 blood pressure checks and referred 1,328 people for follow-up.

In New York, PHHSBG funds support the Childhood Lead Poisoning Program, which found 2,568 children to have elevated blood lead levels.

Inform, educate, and empower people about health issues

In Iowa, PHHSBG funds helped develop Lighten Up Iowa to encourage people to adopt better nutrition and physical activity habits.

In Texas, PHHSBG funds were used to establish a Hearne Community Garden in Robertson County to increase awareness of the importance of eating fruits and vegetables.

Mobilize community partnerships to identify and solve health problems

In Wisconsin, PHHSBG funds are helping rural health departments develop multicounty environmental coalitions to eliminate food and water contamination, radon, asbestos, and other human health hazards.

Develop policies and plans that support individual and community health efforts

In Nebraska, only 22 (24%) of the 93 counties have a local health department. PHHSBG funds were used to develop a strategic plan to increase awareness of the benefits of a strong public health system. As a result, the state legislature allocated funding to establish district health departments to provide services to the 71 counties that did not have a health department.

In Ohio, PHHSBG funds launched 21 cardiovascular health projects to increase the number of heart-healthy communities in areas of Ohio at high risk for heart disease.

Link people to needed personal health services and assure the provision of health care when otherwise unavailable

In California, PHHSBG funds helped to create The California Asthma Among School-Aged Children Project.

In Florida, the PHHSBG funds the Pasco Community Intervention Program, which provides health screenings to migrant farm workers of Mexican descent and promotes physical activity through programs such as Folklorico, an inter-generational dance program.

Assure a competent public and personal health care workforce

In Minnesota, PHHSBG funds were used to develop teaching modules called the Core Essentials of Public Health: Applications for Public Health Nursing.

Combining Technology and Public Health Performance Standards: Tying Dollars to Outcomes

CDC and PHHS Block Grantees worked cooperatively to develop the Grant Application and Reporting System (GARS). GARS is a dynamic accountability tool that formats basic PHHSBG information to identify the role that block grant dollars play in addressing health problems at state and local levels.

GARS helps grantees establish health priorities and tie essential program activities to PHHSBG dollars that are spent on public health programs.

The GARS applications and reports are submitted electronically to CDC via E-mail or a direct Internet connection.

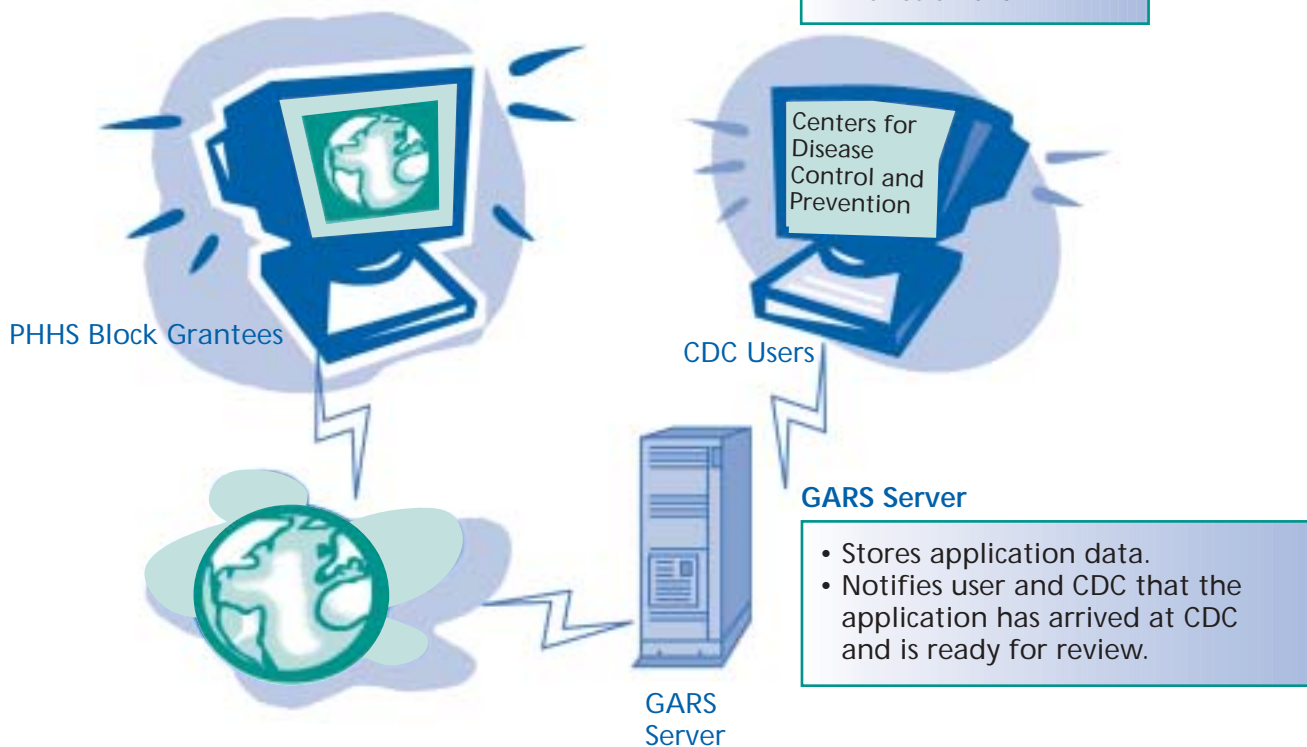
GARS—Grant Application and Reporting System

Grantee

- Completes block grant application.
- Verifies completeness of information.
- Transmits application to CDC via E-mail or the Internet.

CDC

- Reviews application.
- Makes award.



The GARS (Grant Application and Reporting System) software

- Ties award amounts to national *Healthy People 2010* objectives and establishes state-level health objectives that reflect the national objectives.
- Describes the health problem and the target and disparate populations for the health problem.
- Describes program impact and outcome objectives.
- Allows states to relate public health's 10 Essential Services to program activities.
- Allows states to identify the PHHSBG's role in funding health priorities.
- Enables states to complete an electronic annual report that describes changes in health objectives and progress towards completing program activities.



The PHHS Block Grant Has a Story to Tell: Dynamic Roles Played

Below are four examples of how the PHHSBG played a dynamic role in supporting and improving the public's health during fiscal year 2001–2002:

Rapidly responding to unexpected health threats

During an outbreak of dengue fever in Hawaii in September 2001, the PHHSBG provided the sole source of funding for a statewide public education and communication campaign to alert the public through press releases, press conferences, print media, television, and radio messages. By helping residents reduce their exposure to potentially infectious mosquitoes, this effort allowed the virus to be rapidly contained. Today, the outbreak is under control.

Providing supplemental support for categorical funding

In 2000, an estimated 382,562 people in New Jersey had diagnosed diabetes, and 11.7% of the state's 1999 hospitalization rates were related to diabetes. The South Jersey Diabetes Outreach and Education System (DOES) was recently established in five New Jersey counties. This system helps people achieve glycemic control and prevent diabetes complications by improving diabetes management through increased awareness, screening, and follow-up. The PHHSBG provides a vital 85% of the funding for DOES, thus making this program possible.

Providing start-up dollars for community health programs

In Washington State, only 9% of the population knows that moderate physical activity is recommended for at least 30 minutes each day. To

increase the number of people who engage in regular and sustained physical activity, an initial \$25,000 from the PHHSBG was used to support a countywide physical activity coalition in Skagit County. This coalition promoted health and fitness education in schools, increased local government support for policies to improve walking and biking conditions, and initiated community physical activity programs like Kids Fun Run and mall walking programs. As a result of the coalition's accomplishments, the Regence Northwest Health Management Organization awarded a \$600,000, 4-year grant to extend the physical activity interventions into three neighboring counties.

Using PHHSBG dollars when no other sources of state or federal dollars exist

More women than men die every year of heart disease in Pennsylvania. From May 22 through July 2, 2000, the Pennsylvania Department of Health implemented a Women's Heart Health Awareness media campaign. A 30-second TV ad ("Him") was aired in three of six Pennsylvania television markets for 3 weeks, and a 60-second radio ad ("Emergency Room") was aired in 5 of 14 Pennsylvania radio markets for 2 weeks. These spots were followed by special "For Women Only" TV spots that featured local women telling their personal stories of heart disease and its impact on themselves and their families. Related campaign materials were distributed through the six district offices, contractors, and the state health information clearinghouse. Because the PHHSBG is the sole source of funding for the Heart Disease and Stroke Program, this awareness campaign would not have been possible without PHHSBG funding.

From The Front Lines

"The PHHSBG provides vital resources to build our capacity and infrastructure where there are no categorical federal funds or available state general funds when our local economy is weak. It is critical to our ongoing basic needs."

Garry L. McKee, Ph.D., M.P.H., Director, Wyoming Department of Health



"Our new Project WISH Partner Program, launched with support from the PHHSBG, was designed to increase the completion rate of breast and cervical cancer screening exams among low-income and uninsured women in the District. In just a few months, the rate of mammography exams has doubled. We are encouraged by the tremendous impact of such interventions."

Elizabeth Neilson, M.P.H., M.S.N., Program Manager, Breast and Cervical Cancer Early Detection Program, District of Columbia Department of Health

"If the PHHSBG did not exist, we would have to invent it. It is an indispensable public health resource. In Rhode Island, it has allowed us to greatly enhance our health information and communication for the public!"

Patricia A. Nolan, M.D., M.P.H., Director of Health, Rhode Island Department of Health

"In 2001, PHHSBG funds provided 3,107 child car safety seats to needy parents in 43 of Idaho's 44 counties. Seat recipients also received the training they needed to correctly install the seats in their cars. To accomplish this task, local public health departments supplemented PHHSBG funds with funds they received from the Idaho Transportation Department. In addition to seat distribution, the funding was used to train 110 partners as certified child safety seat installation technicians and to conduct 144 child safety seat check-up events at which 2,346 seats were checked for proper installation. From 1997 through 2000, child safety seat use (noted in traffic stops) rose from 67% to 82%."

Ginger Floerchinger-Franks, Dr.P.H., M.S., Injury Prevention Program Manager, Idaho Department of Health & Welfare

